

Enhancing Patient Satisfaction Among Coronary Heart Disease Patients Through Islamic Spiritual Care with *Murottal* in Nursing Practice

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Abstract

Spiritual care is essential in nursing, especially for patients with chronic or palliative conditions such as coronary heart disease. Although medical intervention is crucial, Islamic spiritual therapy using *murottal* has a significant impact on patient satisfaction. This study aims to evaluate the effectiveness of *murottal* in enhancing patient satisfaction among individuals with coronary heart disease. A quasi-experimental pretest-posttest design was used with 52 participants at Siti Khadijah Islamic Hospital, Palembang, Indonesia. Total sampling was applied, and data were analyzed using the paired sample t-test. Patient satisfaction was measured using a Likert-scale questionnaire to assess the impact of *murottal* spiritual care. The results showed that the control and intervention groups had a mean age of 54 ± 6.33 and 56 ± 8.65 years, with a disease duration of 10 ± 6.38 and 9 ± 4.33 years, respectively. Most participants were male (78.8% -control, 73.1% -intervention), had low education levels, and were unemployed. Before the intervention, dissatisfaction was reported by 84.6% of the intervention group and 88.5% of the control group. Afterward, 80.8% of the intervention group expressed satisfaction, while 76.9% of the control group remained dissatisfied. The t-test yielded a p-value of < 0.05 (0.000), indicating that *murottal* significantly increases patient satisfaction. Integrating *murottal* into nursing can enhance spiritual well-being and improve patient satisfaction, particularly in chronic and palliative care settings.

Keywords: coronary heart disease, *murottal*, nursing care, patient satisfaction, spiritual care

Abstrak

Peningkatan Kepuasan Pasien Jantung Koroner melalui Pelayanan Spritual Islami dengan Murottal dalam Praktik Keperawatan. Perawatan spiritual sangat penting dalam keperawatan, terutama bagi pasien dengan kondisi kronis atau paliatif seperti penyakit jantung koroner. Meskipun intervensi medis sangat krusial, terapi spiritual Islam menggunakan *murottal* memiliki dampak yang signifikan terhadap kepuasan pasien. Penelitian ini bertujuan untuk mengevaluasi efektivitas *murottal* dalam meningkatkan kepuasan pasien pada individu dengan penyakit jantung koroner. Penelitian ini menggunakan desain kuasi-eksperimental dengan pretest-posttest pada 52 partisipan di Rumah Sakit Islam Siti Khadijah, Palembang, Indonesia. Teknik total sampling diterapkan, dan data dianalisis menggunakan paired sample t-test. Kepuasan pasien diukur menggunakan kuesioner skala Likert untuk menilai dampak dari perawatan spiritual Murottal. Hasil penelitian menunjukkan bahwa kelompok intervensi dan kontrol memiliki rata-rata usia $54 \pm 6,33$ dan $56 \pm 8,65$ tahun, dengan durasi penyakit masing-masing $10 \pm 6,38$ dan $9 \pm 4,33$ tahun. Sebagian besar partisipan berjenis kelamin laki-laki (78,8% kontrol, 73,1% intervensi), memiliki tingkat pendidikan rendah, dan tidak bekerja. Sebelum intervensi, ketidakpuasan dilaporkan oleh 84,6% kelompok intervensi dan 88,5% kelompok kontrol. Setelah intervensi, 80,8% kelompok intervensi menyatakan puas, sementara 76,9% kelompok kontrol tetap tidak puas. Uji t menghasilkan nilai $p < 0,05$ (0,000), yang menunjukkan bahwa *murottal* secara signifikan meningkatkan kepuasan pasien. Integrasi Murottal dalam praktik keperawatan dapat meningkatkan kesejahteraan spiritual dan kepuasan pasien, terutama dalam perawatan kronis dan paliatif.

Kata Kunci: kepuasan pasien, *murottal*, pelayanan keperawatan, pelayanan spiritual, penyakit jantung koroner

Introduction

Chronic heart disease (CHD), a long-term cardiovascular condition lasting more than six months, significantly affects patients' biological, psychological, sociocultural, and spiritual well-being (Zipes et al., 2019). A common challenge for CHD patients is spiritual distress, which often worsens due to the ongoing nature of the illness. As continuous care providers, nurses are vital in supporting these spiritual needs. However, spiritual care is frequently overlooked, with a focus instead on physical care. Contributing factors include nurses' discomfort with spiritual topics, inadequate training, and the perception that addressing spiritual needs falls outside their responsibilities, often seen as the domain of religious leaders (Fitch & Bartlett, 2019; Sadiq et al., 2019).

Studies have shown that addressing patients' spiritual needs can improve resilience and enhance satisfaction by providing comfort during health challenges (Soylu et al., 2023; Tobin et al., 2022). For instance, listening to *murottal* Qur'anic recitation, known for its calming effects, can improve mood and reduce stress, benefiting emotional stability and heart health (Mutiah & Dewi, 2022). Supporting data demonstrates the effectiveness of such spiritual interventions in enhancing overall satisfaction and well-being among CHD patients (Asrul, 2023).

A preliminary observation conducted on January 23, 2023, at Siti Khadijah Islamic Hospital in Palembang found that seven out of ten nurses had not adequately addressed patients' spiritual needs, particularly those associated with Islamic practices like *murottal*. Only three nurses reminded patients to pray during medication, while none provided spiritual interventions. Furthermore, interviews with five patients revealed a strong preference for the inclusion of spiritual care, such as *murottal*, as part of their treatment. Patients indicated that spiritual reinforcement was crucial for their comfort and saw illness as an opportunity for spiritual growth.

To address this gap, comprehensive spiritual care that includes Islamic practices like *murottal* can be integrated into nursing care to enhance patient satisfaction and health outcomes. Research suggests that when supported by well-trained nurses, such an approach can significantly improve the patient's experience, foster a sense of peace, and enhance satisfaction (Ramadhanti et al., 2022; Wisuda et al., 2024b). This study aims to explore the impact of *murottal*-based spiritual care on the satisfaction of CHD patients, providing evidence for the effectiveness of holistic care in nursing practices.

Methods

This study received ethical approval with exempt status from the Ethics Committee of the Faculty of Medicine, Sriwijaya University, on February 6, 2023, under protocol number 024-2023. The researcher adhered to ethical principles throughout the research process, including obtaining informed consent, respecting human rights, and ensuring beneficence and non-maleficence. Employing a quasi-experimental design, the research used a pretest-posttest control group approach to assess the impact of *murottal* as a form of spiritual care. Participants were divided into two groups: an intervention group that received the *murottal* intervention and a control group that received only standard care. The study aimed to measure changes in patient satisfaction through pre- and post-intervention scores, with statistical significance analyzed via the paired sample t-test.

Study Design. The quasi-experimental, pretest-posttest control group design provided a structured framework to evaluate the *murottal* intervention's effectiveness. This format allowed for a direct comparison of patient satisfaction levels before and after the intervention in both groups, offering insight into the role of spiritual care in improving patient outcomes.

Sampling and Sampling Techniques. A total sampling technique was employed, incorporat-

ing all eligible participants to ensure broad representation. The study involved 104 CHD patients from Siti Khadijah Islamic Hospital in Palembang, Indonesia, with 52 patients allocated equally to both the intervention and control groups. This approach ensured a comprehensive sample reflective of the target patient population.

Variables and Instruments. This research focuses on two main variables: the independent variable, defined as *murottal* spiritual service intervention, and the dependent variable, represented by patient satisfaction with nursing services. Data were collected using a structured questionnaire to assess patient satisfaction with perceived spiritual services. Questionnaire responses were rated on a Likert scale, allowing participants to express their satisfaction with the spiritual services.

Data Collection and Intervention. Both groups were assessed using pretest and posttest. Initial measurements established baseline satisfaction levels. Over one week, the intervention group received daily *murottal* sessions, each lasting 20 minutes, while the control group continued with standard care. After one week, posttest data were gathered to assess any changes in satisfaction levels attributable to the *murottal* intervention.

faction levels attributable to the *murottal* intervention.

Data Analysis. The paired sample t-test was employed to analyze changes in satisfaction scores within each group before and after the intervention. This statistical approach determined whether the *murottal* intervention significantly impacted patient satisfaction compared to the control group, contributing to understanding spiritual care's value in clinical settings.

Results

Table 1 provides a comprehensive overview of the demographic and clinical characteristics of the participants. The average age of participants was 54 years in the control group and 56 years in the intervention group. The average duration of illness was ten months for the control group and nine months for the intervention group. In both groups, most participants were male, with 78.8% in the control group and 73.1% in the intervention group. Additionally, over half of the participants in both groups had low education levels, with 61.5% in the control group and 55.7% in the intervention group. A considerable proportion of respondents in both groups were

Table 1. Demographic and Clinical Characteristics of Participants in Each Group (N = 52)

Characteristics	Control Group		Intervention Group	
	Mean (SD)	n (%)	Mean (SD)	n (%)
Age (years)	54 ± 6.331		56 ± 8.652	
Illness duration	10 ± 6.376		9 ± 4.329	
Gender				
Male		41 (78.8)		38 (73.1)
Female		11 (21.2)		14 (26.9)
Education				
Low*		32 (61.5)		29 (55.7)
High*		20 (38.5)		23 (44.3)
Occupation				
Self-Employed		7 (13.5)		9 (17.3)
Employee		9 (17.3)		6 (11.5)
Trader		6 (11.5)		7 (13.5)
Teacher		8 (15.4)		5 (9.6)
Unemployed		22 (42.3)		25 (48.1)

*Low education = no formal education, elementary school, and junior high school;

*High education = senior high school and higher education.

Table 2. Patient Satisfaction Level in the Intervention Group and Control Group Pretest and Posttest of the Intervention

Patient Satisfaction	Treatment			
	Pretest		Posttest	
	Intervention Group	Control Group	Intervention Group	Control Group
	n (%)	n (%)	n (%)	n (%)
Not satisfied	44 (84.6)	46 (88.5)	0	12 (23.1)
Less satisfied	8 (15.4)	6 (11.5)	10 (19.2)	40 (76.9)
Satisfied	0	0	42 (80.8)	0
Very satisfied	0	0	0	0

Table 3. Differences in Satisfaction among Coronary Heart Disease Patients in the Intervention Group Before and After Intervention

Variable	Measurement	N	Mean	t	p
Satisfaction	Pretest	52	81.59	-17.540	0.000
	Posttest	52	98.59		

Table 4. Differences in Satisfaction Among Coronary Heart Disease Patients in the Control Group Before and After Intervention

Variable	Measurement	N	Mean	t	p
Satisfaction	Pretest	52	81.32	-2.826	0.010
	Posttest	52	83.14		

Table 5. The Influence of Islamic Spiritual Care with *Murottal* on Patient Satisfaction at Siti Khadijah Islamic Hospital Palembang

Variable	Post Test	N	Mean	t	p
Satisfaction	Intervention Group	52	98.59	15.626	0.000
	Control Group	52	83.14		

unemployed, comprising 42.3% of the control group and 48.1% of the intervention group.

Table 2 shows that the intervention group mainly had patient satisfaction before treatment (pretest), while the control group expressed dissatisfaction. The intervention group had 84.6% satisfaction, while the control group had 88.5%. The majority of patient satisfaction in the posttest in the intervention group was 80.8%, while in the control group, the majority expressed dissatisfaction at 76.9%.

Table 3 shows that the average satisfaction score in the pretest was 81.59, and in the in-

tervention group posttest, it was 98.59. So, the average patient satisfaction score increased in the pretest and posttest. The significance value of 0.000 is less than 0.05. Thus, there is a significant difference in patient satisfaction between the pretest and posttest intervention groups.

Table 4 shows that the average satisfaction score in the control group pretest was 81.32, and in the control group posttest was 83.14. Thus, it can be concluded that the average patient satisfaction score increased in the pre-test and post-test. The significance value of 0.010 is less than 0.05. Thus, it can be concluded that there is a significant difference in patient satisfaction

in the control group's pretest and posttest.

Table 5 shows that the average satisfaction score in the posttest intervention group was 98.59, while in the posttest control group, the average score was 83.14. So, there is a difference in the average posttest satisfaction scores of the control and intervention groups. The p -value is $0.000 < \alpha (0.05)$; Thus, it can be concluded that there is an influence between Islamic Spiritual Care and *murottal* on patient satisfaction in nursing practice.

Discussion

Patient satisfaction level in the intervention group and control group pretest and posttest of the intervention. The results showed that patient satisfaction before treatment (pretest) was primarily found in the intervention group, and the control group expressed dissatisfaction, the intervention group as much as 84.6%, while the control group as much as 88.5%. Most of the patients who were satisfied in the posttest in the intervention group stated that they were as satisfied as 80.8%, while the control group mainly indicated that they were dissatisfied, as much as 76.9%.

Spiritual assistance is an activity carried out by a person to ask for help and assistance from the Highest. Patient limitations due to hospitalization mean that patients cannot worship, one of which is prayer. *Murottal* is a part of prayer that can be done by following the sound of the holy verses of the Qur'an that are being listened to. This statement is supported by Buhaiti and Sari (2021), who explain that hospital patients experience spiritual distress.

Wisuda et al. (2023) and Thakur (2021) indicate that spiritual suffering is when someone experiences a lack of connection with life and their beliefs. Soylu et al. (2023) confirmed that when someone is sick, pain or loss befalls them, spiritual power can help heal them. Melastuti and Wahyuningsih (2023) said that nurses need to consider certain religious practices that will

influence nursing care, such as patient beliefs about birth, death, dressing, and prayer, and nurses need to support patient spirituality. This explanation shows that religious practices such as one of the times to pray through *murottal* is one of the needs that a person needs as an indicator of satisfaction in spiritual aspects of nursing services during hospital treatment.

Tajbakhsh et al. (2018) explain a relationship between fulfilling spiritual needs and *murottal* and patient satisfaction because it can improve coping behavior and expand the patient's sources of strength. Spiritual needs are critical to maintaining a dynamic personal relationship between a person and God. Helping patients fulfill and support religious practices can help improve coping during a crisis. This statement is supported by research by Somana and Trisnawati (2019). In research on the relationship between spiritual needs and *murottal* and patient satisfaction during treatment, 76% of respondents answered that they were satisfied because there was a religious element in every nursing action. The spiritual needs are beliefs that can provide meaning in life, strength, and coping for patients. Spiritual care with *murottal* is one of the Islamic spiritual options that can be given to patients so that it can increase comfort and strength regarding their disease status and facilitate the therapy process.

Differences in pretest and posttest patient satisfaction in implementing spiritual care at Siti Khadijah Islamic Hospital Palembang. The results showed that the average satisfaction score on the pretest of the control group was 81.32, and on the posttest of the control group, it was 83.14. So, the average patient satisfaction score increased on the pretest and posttest.

The average satisfaction score in the intervention group's pretest was 81.59, and in the intervention group's posttest, it was 98.59. So, the average patient satisfaction score increased on the pretest and posttest. The significance value of 0.000 is less than 0.05. Thus, there is a signi-

ficant difference in patient satisfaction in the pretest and posttest intervention groups.

According to the researchers, there were differences in knowledge level scores in the intervention group due to the intervention in spiritual care with *murottal*. Meeting spiritual needs is essential, but meeting patient needs is still far from what is expected. Analysis of the current situation from several kinds of literature shows that spiritual care, especially *murottal*, has not been provided by nurses competently due to various factors, such as limited hospital infrastructure and nurses' time in providing spiritual care (Ilham et al., 2020; Wisuda et al., 2024a). One of the reasons for the lack of nurses' ability to meet spiritual needs is that nurses have not mastered the concept of spiritual nursing, which they should have acquired since their education (Sadiq et al., 2019).

Service to spiritual needs as part of human needs can only be fulfilled if nurses are equipped with the ability to provide nursing care by paying attention to the spiritual aspects of the client as part of the holistic needs of the patient as a whole and unique being. According to Jakob and Weyel (2020), patients and families need to fulfill spiritual requirements in seeking meaning from life events, including suffering due to illness and feeling still loved by fellow humans and God. This was added by Trisnawati et al. (2021). By implementing spiritual care with *murottal*, nurses can fulfill one of the spiritual needs of their patients. Increasing evidence highlights the significant impact of various social, psychological, and environmental factors on physical and mental well-being, often rivaling traditional risk factors (Sadiq et al., 2019). Specifically, involvement with a religious community, as seen in Islamic spirituality through *murottal*, is associated with positive health outcomes, including reduced mortality rates and reduced incidence of psychological problems, drug abuse, and suicide (Ilham et al., 2020).

Murottal involves the recitation of holy verses from the Qur'an, with an emphasis on proper

pronunciation (tajwid) and the rhythmic delivery of the text. Listening to these sacred verses, often called *murottal*, can instill a sense of calm in the listener (Sumarsih et al., 2023). Similarly, music therapy offers a safe and effective method for improving mood satisfaction and managing other mental health disorders. Music can also distract and promote relaxation (Moulaei et al., 2023).

The influence of the Islamic spiritual care with *murottal* on patient satisfaction at Siti Khadijah Islamic Hospital Palembang. The results showed that the average posttest satisfaction score in the control group was 83.14; in the posttest intervention group, it was 98.59. It can be concluded that there was a difference in the average posttest satisfaction score in the control group and the intervention group. The p-value is $0.000 < \alpha (0.05)$; thus, it can be concluded that there is an influence between the application of Spiritual Care nursing and patient satisfaction.

The provision of interventions in Spiritual Care Nursing shows that the hospital is trying to provide comprehensive and quality nursing care covering biological, psychological, social, and spiritual aspects. This aligns with what Winarti (2016) said. Nursing care affects patient satisfaction during treatment. They explain that the quality of services the hospital provides will significantly influence patient satisfaction, so to provide patient satisfaction, every hospital must provide satisfactory service.

A study by Ruby et al. (2022) involved providing an Al-Qur'an reading as an intervention for 168 respondents who experienced discomfort with services while undergoing therapy. The treatment group showed increased levels of satisfaction after the intervention process. Another study by Hajiri et al. (2019) implemented a spiritual program, including listening to Qur'anic verses, for 64 heart failure patients to increase satisfaction. The treatment group showed a significant increase in mean satisfaction score to 11.09 (8.47) after undergoing the spiritual program ($p < 0.001$).

The spiritual aspect is one of the most critical aspects nurses must consider. Because nurses are required to be skilled and able to carry out patient worship guidance, it is hoped that when patients can carry out their religious obligations, they will get peace of mind, enlightenment, and a sense of comfort (Cone & Giske, 2022).

Based on research findings, theoretical review, and examination of related literature, researchers observed a consistent pattern indicating an increase in average satisfaction among patients who underwent Islamic spiritual care therapy with *murottal*. This pattern suggests activation of the relaxation response in the patient's body. Patients expressed experiencing a deep sense of calm and comfort after following Islamic spiritual treatment techniques involving *murottal*. These improvements have significant positive implications, especially for individuals undergoing cardiac therapy for coronary heart disease.

Conclusion

This study demonstrates that Spiritual Care through *murottal* significantly enhances patient satisfaction among coronary heart disease patients. Before the *murottal* intervention, many patients experienced spiritual dissatisfaction. However, after receiving this spiritual care, there was a marked improvement in satisfaction levels, with the intervention group showing notably higher satisfaction than the control group. These findings affirm the effectiveness of *murottal* as a spiritual nursing intervention. Future research should explore the long-term impact of this approach and consider other factors that may influence patient satisfaction. Additionally, training healthcare personnel in spiritual care could further maximize the benefits of this intervention.

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